

STATEMENT OF AUTHORIZATION FOR ENVIRONMENTAL DIFFERENTIAL PAY (EDP)

I. EMPLOYEE INFORMATION					
a. NAME (<i>Last, First, MI</i>)		b. SSN	c. POSITION, TITLE, SERIES, GRADE		
II. EXPLANATION OF EXPOSURE / PAY DATA					
a. CATEGORY OF EXPOSURE					
b. EXPLAIN WORK PERFORMED AND PROTECTION PROVIDED / AVAILABLE DURING EXPOSURE. SPECIFICALLY IDENTIFY WHY EDP IS AUTHORIZED (<i>Include weather conditions, height, temperatures when pertinent as with high work and hot work</i>).					
c.	DATE	ACTUAL EXPOSURE TIME		TOTAL HOURS TO BE PAID	% OF DIFFERENTIAL
		FROM	TO		
III. SUPERVISORY VERIFICATION					
I VERIFY THAT THE ABOVE EMPLOYEE WAS EXPOSED TO THE ABOVE DEFINED HAZARD(S), PHYSICAL HARDSHIP(S), OR WORKING CONDITIONS CATEGORY(IES) FOR THE DURATION INDICATED, INCIDENTAL TO PERFORMING HIS/HER ASSIGNED DUTIES AND IS THEREFORE AUTHORIZED ENVIRONMENTAL DIFFERENTIAL PAY IN ACCORDANCE WITH SUBCHAPTER S8-7 AND APPENDIX J OF THE <u>FPM SUPPLEMENT 532-1</u>					
NAME, GRADE AND TITLE OF AUTHORIZED OFFICIAL				SIGNATURE / DATE	